

Health and Safety Checklist for Early Care and Education Programs

Child Care Program _____

Owner/Director/Administrator _____

Address _____

Address _____

City _____ Zip Code _____

County Number ____

Phone Number _____

Email Address _____

Child care program participating in the IQ4K? ☐ Yes ☐ No

Child care program current IQ4K rating _ Expiration Date: _____

Type of Program (Check all boxes that apply.):

☐ DHS Licensed Program

☐ Department of Education Program

☐ Registered Child Development Home: Level: ☐ A ☐ B ☐ C ☐ C2

☐ Non-Registered Family Child Care

Child Care Nurse Consultant (CCNC) Completing Checklist _____

Date of Assessment _____

Overall Health and Safety Score _____

Child care program has completed the *Health and Safety Checklist Action Steps* for improving assessed health and safety items? ☐ Yes ☐ No

Owner/Director/Administrator Signature	Date	CCNC Signature*	Date

*The CCNC signature indicates completion of the *Health and Safety Checklist for Early Care and Education Programs* and a review of the *Health and Safety Checklist Action Steps*.

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